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(Requestor's Name)			
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COVER LETTER

Registration Section

TO:

Division of Corporations				
SUBJECT: M&E LUCKY HOLDINGS, LLC				
Name of Lim	nited Liability Company			
The enclosed Articles of Organization and fee(s) are	e submitted for filing.			
Please return all correspondence concerning this matter to the following:				
GORG MEIR SASSON				
	Name of Person			
	•			
M&E LUCKY HOLDINGS, LLC				
	Firm/Company			
20855 NE 16TH AVENUE SUITE C	16 Address			
NORTH MIAMI BEACH, FL 33179				
	ty/State and Zip Code			
meir@heatswimwear.com				
E-mail address: (to be used	for future annual report notifica	tion)		
For further information concerning this matter, pleas	se call:			
to same mornado concessing and mater, pre-				
GORG MEIR SASSON at (_9	54) 871 9157			
Name of Person		ephone Number		
Enclosed is a check for the following amount:				
☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee &	□\$155.00 Filing Fee &	☑\$160.00 Filing Fee,		
Certificate of Status	Certified Copy	Certificate of Status &		
	(additional copy is enclosed)	Certified Copy		
		(additional copy is enclosed)		
25.00	9			
Mailing Address Registration Section	Street/Courier Address Registration Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
M&E LUCKY HOLDINGS, LLC	
(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal of	fice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
20855 NE 16TH AVENUE SUITE C16 NORTH MIAMI BEACH, FL 33179	20855 NE 16TH AVENUE SUITE C16 NORTH MIAMI BEACH, FL 33179
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own I another business entity with an active Florida registration	Registered Agent. You must designate an individual or
The name and the Florida street address of the registered	agent are:
GORG MEIR SASSON	
Name	
20855 NE 16TH AVENUE SUI	ITE C16
Florida street address (P.O. Box	NOT acceptable)
NORTH MIAMI BEACH	FL 33179
City	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions o of my duties, and I am familiar with and accept the obli	S JA
g	FI C

<u>Title:</u> "AMBR" = Authorized Men "MGR" = Manager	Name and Address:		
MGR - Manager MGR	GORG MEIR SASSON		
	20855 NE 16TH AVENUE SUITE C16	_	
	NORTH MIAMI BEACH, FL 33179	~	
MGR	EITAN BEN SHUSHAN	_	
	20855 NE 16TH AVENUE SUITE C16 NORTH MIAMI BEACH, FL 33179	-	
	NORTH MIANT BEACH, FL 33179	_	
		_	
		_	
		_	
		-	
		_	
(Use attachment if necessary)		
ARTICLE VI: Other provisions, if any 50% GORG MEIR SASSON			
50% EITAN BEN SHUSHAN			_
~~~			
REQUIRED SIGNATURE	Man	-	
(In accordance wit constitutes an affir I am aware that an	h section 605.0203 (1) (b), Florida Statutes, the execution of this document mation under the penalties of perjury that the facts stated herein are received the state of the penalties of perjury that the facts stated herein are received the penalties of perjury that the facts stated herein are received the penalties of perjury that the facts stated herein are received the penalties of perjury that the facts stated herein are received the penalties of perjury that the facts stated herein are received to the penalties of perjury that the facts stated herein are received to the penalties of perjury that the facts stated herein are received to the penalties of perjury that the facts stated herein are received to the penalties of perjury that the facts stated herein are received to the penalties of perjury that the facts stated herein are received to the penalties of perjury that the facts stated herein are received to the penalties of perjury that the facts stated herein are received to the penalties of perjury that the facts stated herein are received to the penalties of perjury that the facts stated herein are received to the penalties of perjury that the facts stated herein are received to the penalties of perjury that the facts stated herein are received to the penalties of penalties	15 JAN	(per
GOR	G MEIR SASSON	.æ ∾	e in the second
<u>301</u>	Typed or printed name of signee	7	\$ FFE #4
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6147.00 500 50 5	Filing Fees:		
\$125.00 Filing Fee for Art \$ 30.00 Certified Copy (C	ticles of Organization and Designation of Registered Agent	$\dot{\varpi}$	- ,,,,,
\$ 50.00 Certificate of Sta		35	
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The name and address of each person authorized to manage and control the Limited Liability Company:

ARTICLE IV-